

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 12:42

STATE
TALLAHASSEE, FLORIDA

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-05/11/95 -01007 -003
***200.00 ***200.00

DOCUMENT # 334649 ()
1. Corporation Name
Miles Moldisco K-M Lauderhill, Fla., Inc.
(3950)

Principal Place of Business Mailing Address
1501 NW 40th Ave.
Lauderhill FL
33316 933 MACARTHUR BLVD.
MAHWAH NJ 07430-2045

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/04/1968 3a. Date of Last Report 05/01/1994
4. FBI Number 13-2621703 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME ROBINSON, JOHN
STREET ADDRESS 933 MACARTHUR BLVD.
CITY- ST- ZIP MAHWAH NJ
TITLE STV
NAME FALKOFF, MARTIN
STREET ADDRESS 933 MACARTHUR BLVD.
CITY- ST- ZIP MAHWAH NJ
TITLE AT
NAME WEINFUSS, STEWART
STREET ADDRESS 933 MACARTHUR BLVD.
CITY- ST- ZIP MAHWAH NJ
TITLE AT
NAME KAKAR, MANOHAR
STREET ADDRESS 933 MACARTHUR BLVD.
CITY- ST- ZIP MAHWAH NJ
TITLE D
NAME PALIZZI, ANTHONY
STREET ADDRESS 3100 W. BIG BEAVER
CITY- ST- ZIP TROY MI
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed or on an attachment to this filing.

SIGNATURE: [Signature] MAY 26 1995 (201) 934-2000
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR